

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029202

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 269

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 9 1963

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Shelbina, Missouri	
Length of stay in lb 2 Weeks		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hsopital-		d. STREET ADDRESS (If outside, give location) Shelbina, Missouri	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Anna Blakey Daniel			4. DATE OF DEATH Month 7 Day 21 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/22/1883	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 7 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and state or country) Shelby County, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Frederick Glendi Blakey		13b. MOTHER'S MAIDEN NAME Nora Gillispie Blakey		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Elizabeth Challengren Lyndhurst 24,	
				Address 5032 Farnhurst Ohio	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs	
DUE TO (b) arteriosclerotic heart disease		second year	
DUE TO (c) and subendocardial necrosis		2-3 days	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent perforated diverticulitis of colon		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 10:20 a.m. 10:20 p.m.	Month, Day, Year 7-7-63
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Shelbina, Missouri
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21. I attended the deceased from 7-7-63 to 7-21-63 and last saw her alive on 7-20-63	
Death occurred at 10:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Shelby S. Foreman	(Degree or title)	22b. ADDRESS 711 Grand Hannibal Mo.	22c. DATE SIGNED 7-23-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-24-1963	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	23d. LOCATION (City, town, or county) (State) Shelbina, Missouri
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24. FUNERAL DIRECTOR Davis Funeral Service Shelbina, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. July 24, 1963	26. REGISTRAR'S SIGNATURE Dr. E.M. Hucker by R. H. H. M. Herman
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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94200

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AUG 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John S. Ward

Licensed Embalmer No.

4540

P. O. Address

Hannibal, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 7/29/63